

REQUIREMENTS TO ADVANCE TO A PROFESSIONAL OCCUPATIONAL LICENSE

- 1. Completed application found at: http://www.state.tn.us/education/lic/doc/ed5406.pdf
- 2. Verification of current/valid industry certification.
- 3. Submit evidence of attending the required three-day pre-service training for occupational education teachers their first year of teaching. Certificates are presented to participants at the end of the training.
- 4. Submit evidence of attending the two day professional development provided by Tennessee CTE division. Certificates are presented to participants at the end of the training
- 5. Complete four days of observation of other teachers during the current school year. Be assigned a mentor teacher by the Local Education Agency (LEA). The visits and mentor assigned must be documented on the form found at: http://www.state.tn.us/education/lic/doc/occadv.pdf
- 6. Complete an approved teacher preparation program designed to meet the knowledge and skills of occupational teachers. These courses must be completed within three years of employment. Official transcripts and a letter of completion are required from the Certification Officer. See the Occupational License Advancement Programs list for approved programs.
- 7. Complete three years of teaching in an approved school and receive a positive recommendation based on your evaluation by the LEA. Form found at: http://www.state.tn.us/education/lic/doc/ed5406.pdf

TENNESSEE DEPARTMENT OF EDUCATION - OFFICE OF TEACHER LICENSING

710 JAMES ROBERTSON PARKWAY 4TH FLOOR ANDREW JOHNSON TOWER NASHVILLE TN 37243

PRINT CLEARLY - Please	use Black	Ink to ensure so	anned application	on is legible - provide full i	name - incl	ude any aliases			
United States SSN - required	First Name		Middle Name	Last Name		other last name aliases			
Date of Birth-required Gender	Street/P.O. Bo	х		City	State	Zip Code			
Total base Number include asso	anda	E-mail address - Must provide to receive notification of license issuance Cell Phone Number/Alternate Phone Number							
Telephone Number - include area	code	E-maii address - Must	provide to receive noting	ication of license issuance	Cell Phone Number/Alternate Phone Number				
INFORMATION NEEDED	FOR FEDE	RAL REPORTING	G - COMPLETE B	OTH ETHNICITY & RACE					
1. Ethnicity - Choose one			Hispanic or LatinoNot Hispanic or Latino						
2. Race - Choose one or m	ore		r Alaska Native Other Pacific Islan	Asian Black or Af der White	rican Americ	an			
PLEASE READ CAREFULLY BEFORE SIGNING - MUST BE COMPLETED Personal Affirmation: Failure to complete this section will result in your application being returned without processing. False statements made in this application may constitute grounds to take action, revoke or deny a license. Check the appropriate block for each question. DO NOT include matters that the State Board of Education has already investigated and found "No Probable Cause" to take any disciplinary action. 1. Have you been convicted of a felony, including conviction on a plea of guilty, a plea of nolo contend ere or order granting pre-trial diversion?									
Is there any action pending aga				•	YES	NO			
				iding date and place of conviction	YES				
of the judgment, conviction, and	sentencing.					Tunes copies			
				suing authority and explain circu					
Sigr	nature								
TRANSACTION (S) RE	QUESTED	(Check and co	mplete following	page(s) <u>if applicable</u>)					
CHOOSE TYPE OF INITIAL TENNESSEE LICENSE DESIRED (THIS SECTION ONLY APPLIES TO THOSE WHO HAVE NEVER HELD A TENNESSEE LICENSE OR DESIRING ADDITIONAL LICENSE TYPE) INITIAL LICENSE-TN Institutions Only (Apprentice, Apprentice Special Group, Beginning Administrator, or Instructional Leader) OUT OF STATE LICENSE (Program completers outside of TN / USA or applying based upon interstate agreement) NON-PUBLIC SCHOOL LICENSE (Employment verification required) TRANSITIONAL LICENSE (Requires signature from TN Director of Schools and verification from approved institution/agency) INTERIM "B" LICENSE (Requires signature from Director of Schools, and verification from Dean of Education/Certification Officer at teacher preparation institution) OCCUPATIONAL EDUCATION LICENSE (Apprentice Occupational) PERMIT (This is not a Tennessee teaching license and can only be applied for by a Tennessee Public School System) 3 YEAR INTERNATIONAL CREDENTIAL (Requires signature from Director of Schools, nonrenewable) JROTC LICENSE (Requires signature from TN Director of Schools) SPEECH/LANGUAGE PATHOLOGIST OR SPEECH/LANGUAGE TEACHER OR SCHOOL AUDIOLOGIST NATIONAL BOARD CERTIFICATION									
	ADVANC			L OR PROFESSIONAL I		ENSE			
ONLY APPLICABLE IF HELD A PREDECESSOR TENNESSEE LICENSE ADVANCEMENT FROM APPRENTICE LEVEL TO PROFESSIONAL LEVEL (Professional, or Professional School Service Personnel) circle one ADVANCEMENT FROM ALTERNATIVE "A" or ALTERNATIVE "C" OR ALTERNATIVE "E" TO APPRENTICE LEVEL (Apprentice or Out of State) circle one ADVANCEMENT FROM INTERIM "B "TO APPRENTICE LEVEL (Apprentice or Out of State) circle one ADVANCEMENT FROM INTERIM "D "TO APPRENTICE LEVEL ADVANCEMENT FROM ALTERNATIVE "I" OR ALTERNATIVE "II" (Apprentice or Out of State or Professional) circle one ADVANCEMENT FROM TRANSITIONAL (Interim B, Apprentice or Professional) circle one ADVANCEMENT FROM APPRENTICE OCCUPATIONAL TO PROFESSIONAL OCCUPATIONAL LICENSE CONVERSION FROM TENNESSEE TEACHING LICENSE TO SCHOOL SERVICE PERSONNEL LICENSE (Speech/Language only) ADVANCEMENT TO PROFESSIONAL LEVEL ADMINISTRATOR LICENSE						inel) <u>circle one</u> or Out of State) <u>circle one</u>			
ADVANCEMENT FF ADVANCEMENT FF CONVERSION FRC ADVANCEMENT TO	M TENNESSE	FICE OCCUPATIONAL E TEACHING LICENS NAL LEVEL ADMINIST	TO PROFESSIONAL E TO SCHOOL SERVI TRATOR LICENSE	OCCUPATIONAL LICENSE ICE PERSONNEL LICENSE (Spec	and towards and	inly)			
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APPLICATION FOR OCCUPATIONAL EDUCATION LICENSURE ADVANCEMENT

FOR EDUCATORS EMPLOYED IN TENNESSEE PUBLIC SCHOOLS

SCHOOL YEAR						
APPLICANT NAME	SOCIAL SECURITY NUMBER					
	HE OFFICE OF TEACHER LICENSING BECOME THE PROPERTY OF THE STATE DEPARTMENT BE RETURNED TO THE APPLICANT NOR WILL THE DEPARTMENT PROVIDE COPIES OF					
OF EDUCATION AND WILE NOT	DOCUMENTS TO THE APPLICANT OR THIRD PARTIES.					

TO BE COMPLETED BY SO	CHOOL SYSTEM/FIELD SE	RVICE CENTER			
School Name		Phone Number_			
School System		Phone Number_			
		City	State	Zip Code	
Street					
	Identify subject area wit	h endorsement codes(s) for	which observa	tion was conducted	d.
Check License Type	_ Apprentice Occupational	List Endorsement Code	Ex	piration Date	mm/dd/yyyy
/erification of Experience	Years	Months Days (3 years of verified	d experience require	d)
			F		
Signature of E	valuator			(Please circle o	ne)
		Recommendation Lo	evel		
The above educator has bee to the Professional License:	en evaluated and meets the r	equired competency level for YESNO	all designated de	omains and is recom	mended for advancement
Principal's Signature		Date			
Director of Schools Signature	e				
Assistant Commissioner of E	ducation/CTE Signature	Date			
				Э	
		TL Use Only Name/SSN License/E orized Official Signature			
		Page 2		DE	EV 10-24-11

OCCUPATIONAL TEACHER EVALUATIONS

Name: Social Security Number:				
System:				
The following must be com	pleted to advance to a Professional License (after 3 years).			
 Three Days Pre-Service (certificates must be submitted in the packet) 	Date Completed:			
 Up to 18 Semester Hours of Approved Colle- Credit (an official transcript and a letter of completion signed by the Certification Office 	~			
 Two days of Approved Professional Develop (certificates must be submitted in the packet 				
	Four one-day visits			
Visit 1School and Instructor	Date Completed:			
Visit 2School and Instructor	Date Completed:			
Visit 3School and Instructor				
Visit 4School and Instructor				
This is to confirm	all required work has been completed to advance:			
Signed:	(Teacher's Signature)			
Signed:				

ED5454 REV 3-16-12

TENNESSEE DEPARTMENT OF EDUCATION - OFFICE OF TEACHER LICENSING EXPERIENCE VERIFICATION FORM

The information listed below is to be completed by the current or previous employer **Superintendent**, **Headmaster**, **Agency Director**, **or Designated Personnel Officer**). Principals are not authorized to sign this form unless they are the designated personnel officer. Please note that if verifying college experience, only experience as a full-time teacher at a regionally accredited institution is accepted.

Use one line for each change in status. Do not include leave of absence periods.

NAME OF EDUCATOR	DUCATOR SOCIAL SECURITY NUMBER								
IMP	ORTANT: Educ superintendent/o	ator please keep director when yo	a copy u are ei	of this form. Y	ou will need to ennessee scho	give a o	copy to y	rour	
Information beloe EXPERIENC Name	E RECORD (Plea	se list experience		each year on a s	eparate line, beg	jinning J	uly1 and		
of	School System	Position and	04-4-		ıly 01 - June 30	Time Employed		% Time,	
School	System	Grade Leve	State		Ending Date Month/Day/Year	Months Days		100 or % Less	F
			-						
1									

Total Days Required

THE ABOVE SCHOOL, SCHOOL SYSTEM OR COLLEGE OR UNIVERSITY WAS FULLY APPROVED OR ACCREDITED BY THE AT THE TIME SERVICE WAS PERFORMED. (State Department of Education or Association of Colleges & Schools) Check one of the following: [] Public School [] Private School [] Charter School [] U.S. Government Service Teaching Progam [] Full-time Teacher at a Regionally Accredited Institution (College or University) I HEREBY CERTIFY THAT THE ABOVE LISTED EXPERIENCE IS A TRUE AND CORRECT COPY OF THE RECORDS ON FILE FOR THE EDUCATOR NAMED ABOVE (This form must be signed by an authorized official from agency/institution as stated above.) ______Title ______ Telephone Number___ Signature ____ Address Street/P.O. Box Email Address __Date___ ED2034a REV 3-21-12



Occupational License Advancement Programs

Currently, there are eight universities approved by the Department of Education to prepare career-technical teachers and recommend them for advancement to a Professional Occupational License. If additional information is needed about a specific preparation program, please contact the institution. If you experience any problems or questions regarding this process please contact, Penney Ashe, CTE Licensure Consultant at (615) 532-2834 or penney.s.ashe@tn.gov

East Tennessee State University

Angela Murray PO Box 70685 Johnson City, TN 37601 (423) 439-7626 Email: murray.p@etsu.edu

University of Memphis

Mary L. Lanier 200 Ball Hall Memphis, TN 38152 (901) 678-2377

Tennessee Tech University

Amanda Roberts
PO Box 5092
Cookeville, TN 38505
(931) 372-3097
Email: aroberts@tntech.edu

Lincoln Memorial University

Dr. Rick Grubb (ask for Lisa) Avery Hall, Box 2000 Cumberland Gap Parkway Harrogate, TN 37752 1-800-325-0900, Ext: 6405

UT Chattanooga

Constance Cloud 312G Hunter Hall, Dept. 4154 615 McCallie Avenue Chattanooga, TN 37403 (423) 425-4022

UT Martin

Erica Bell 110 Gooch Hall Martin, TN 38328 (731) 881-7089 Email: ebell@utm.edu

Tennessee State University

Chip Harris Avon Williams Campus, Box 124 330 10th Avenue North Nashville, TN 37203 (615) 963-7344 Email: charris@tnstate.edu

Middle Tennessee State University

Dr. Alphonse Carter, Jr Dr. Jo Edwards (Health Science) Murfreesboro, TN 37132 (615) 898-2095